

1. DATE - TIME GROUP 17 July 66 18/0246Z	2. LOCATION Enon, Ohio
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION Five Minutes	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE N - S	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

☒ No

close (within atmosphere)

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane (type) _____
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

N/A

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☒ No

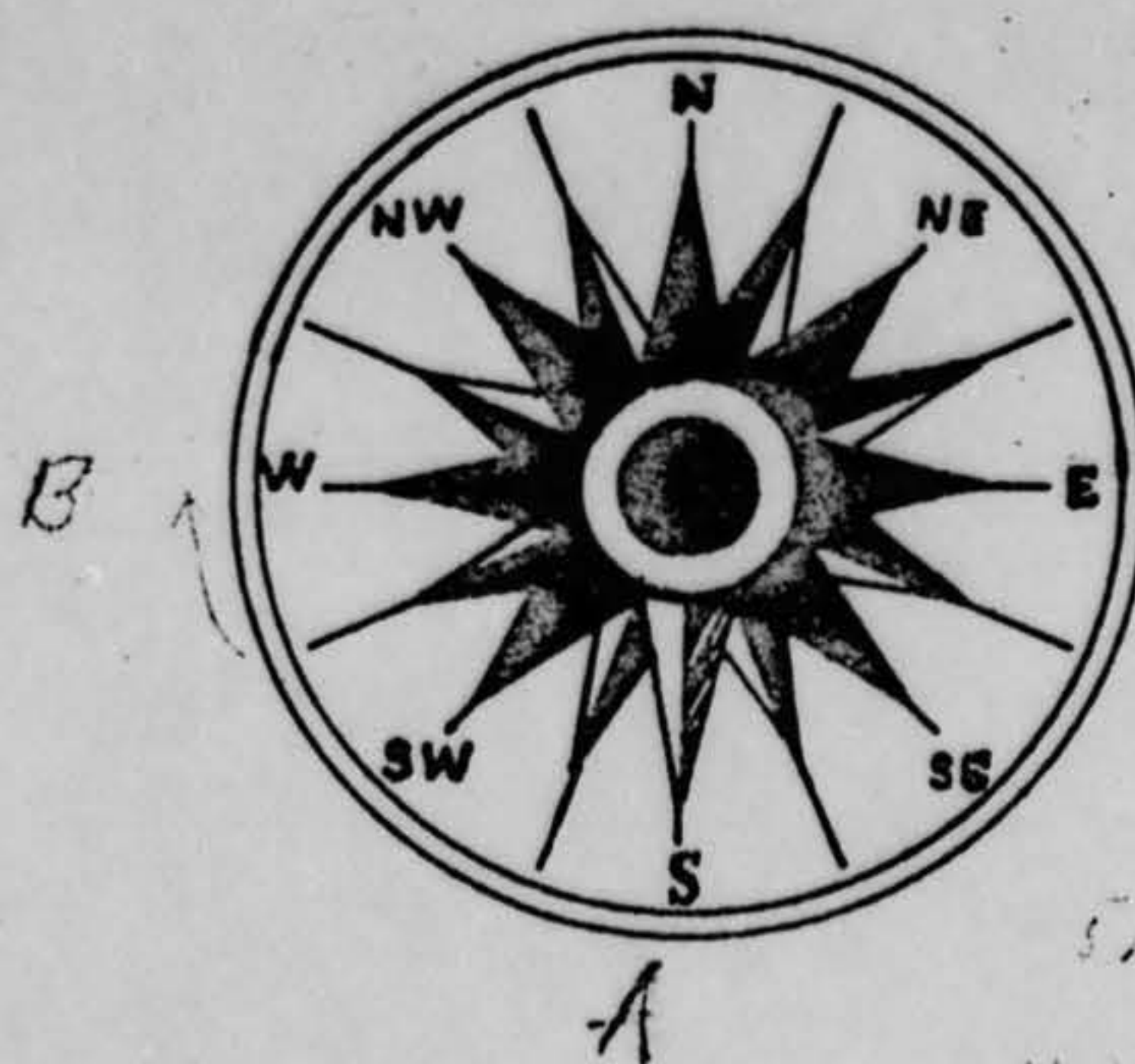
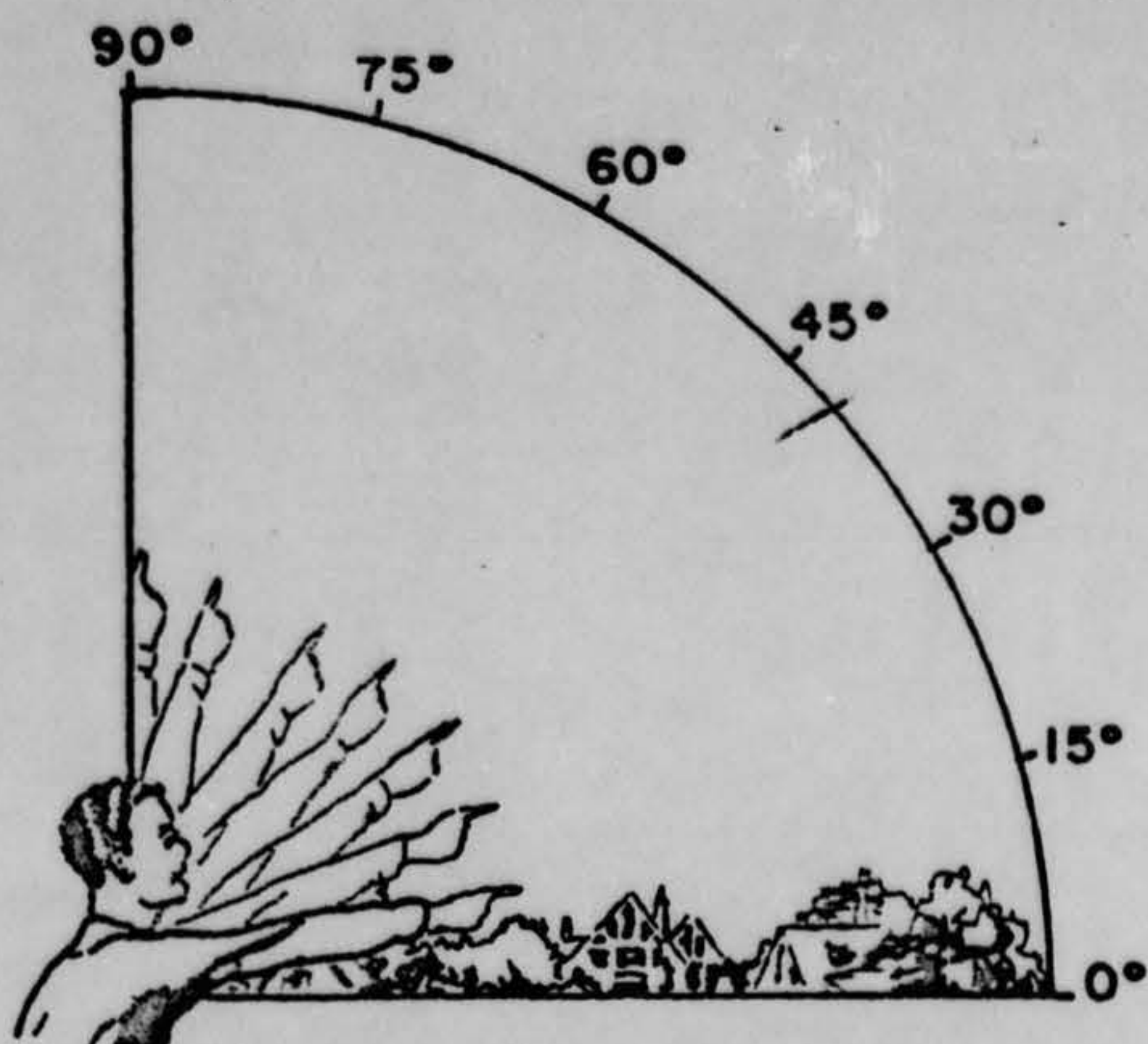
25. Did you observe the object through any of the following?

NO

- | | | | | | |
|-----------------|-----|----|----------------|-----|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

MADE A REPORT of a similar object

~~LAST THURSDAY~~

LAST THURSDAY @ P.M.

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

No

31.2 Please list their names and addresses:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

} Same Address below

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day

Month

Year

OD
21 Jul

34. Date you completed this questionnaire:

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Exon, Ohio

17 July 66

FTD (TDETR)
Wright-Patterson AFB, Ohio 45433
27 July 1966


██████████
██████████
Route 1
Fairborn, Ohio 45324

Dear Mr. ██████████,

Reference your unidentified observation of 17 July 1966 which you reported to the Duty Officer at Wright-Patterson AFB. The information in his report was not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

 HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

ETR

UFO Sighting
at 2146 EST 17 July 1966

observed at Enon, Ohio (near Fairborn, Ohio)

bright spot, of ~~XXXX~~ luminous yellow-white light, steady moving slightly on a course from north to south, or SSW. When first observed was over roof of house in small town at elevation of 10° . When last seen five minutes later had reached an elevation of 30° . Disappeared. No sound, no unusual appearance or change in appearance, just a little round ball.

Observers: Mr. ~~XXXXXXXXXX~~
~~XXXXXXXXXX~~, Route 1, Fairborn, Ohio

his wife

and a friend, Mr. ~~XXXXXXXXXX~~

Sky condition: visibility good, no precipitation or ~~no~~ cloud, no moon but there were stars

45324

ETR

UFO Sighting
at 2146 EST 17 July 1966

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Observers: Mr. ~~XXXXXXXXXX~~
~~XXXXXXXXXX~~ eta, Route 1, Fairborn, Ohio

his wife

and a friend, Mr. ~~XXXXXXXXXX~~d

Sky condition: visibility good, no precipitation or ~~no~~ cloud, no moon but there were stars

There were no more UFO questionnaires in the duty officer folder.
Noted from telephone conversation. Major A. H. Paine, D.O. 17 Jul 66

45324

PROJECT 10073 RECORD

1. DATE - TIME GROUP 21 July 66 22/0105Z	2. LOCATION Enon, Ohio
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 5 Minutes	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE S - W	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Enon, Ohio 29 Jul 66

FTD (TDETR)
Wright-Patterson AFB, Ohio 45433
26 July 1966


[REDACTED]
[REDACTED]
Enon, Ohio 45323

Dear Mr. [REDACTED]

Reference your recent unidentified observation of 21 July 1966 which you reported to the Duty Officer at Wright-Patterson AFB, Ohio. The information which we received from his report was not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,


HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

2

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

21 July 66
Day Month Year

2. Time of day: 10 05

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One): a. Eastern

b. Central

c. Mountain

d. Pacific

e. Other _____

(Circle One): a. Daylight Saving

b. Standard

4. Where were you when you saw the object?

on block from ~~near~~ address in item 32

Nearest Postal Address

City or Town

State or County

5. How long was object in sight? (Total Duration)

00
Hours

5
Minutes

Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

WATCH

5.2 Was object in sight continuously?

Yes ✓

No _____

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

NA

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight – pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|-----|----|------------|
| a. Appear to stand still at any time? | Yes | No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't know |
| c. Break up into parts or explode? | Yes | No | Don't know |
| d. Give off smoke? | Yes | No | Don't know |
| e. Change brightness? | Yes | No | Don't know |
| f. Change shape? | Yes | No | Don't know |
| g. Flash or flicker? wobble | Yes | No | Don't know |
| h. Disappear and reappear? | Yes | No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

YES (As if light turned off)

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

in front of: _____

17. Tell in a few words the following things about the object:

a. Sound NONE

b. Color NONE

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

Complete coverage of two match heads

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.